

Application for a CHANGE in Center or Hourly Center Child Care License

Note: It may take up to 60 days to process your **completed** application, or 90 days if FBI fingerprint clearances are required. An application is considered complete when **all** required items have been received by the Bureau.

A. IDENTIFYING INFORMATION:

Facility Name: _____ Phone #: (____) _____

Facility Mailing Address: _____

City & Zip Code: _____ Fax #: (____) _____

Facility Street Address: _____

City & Zip Code: _____

Director: _____ Phone: (____) _____

Cell: (____) _____ (If this application is for a change in director, see instructions in Section 3, # 1 below.)

B. TYPE OF FACILITY AND CAPACITY:

☐ CENTER

Requested Capacity: _____

Requested # of children under 2 years: _____

Approved Capacity: _____ Under 2: _____

(Leave blank – determined by Licensing)

☐ HOURLY CENTER

Requested Capacity: _____

Approved Capacity: _____

(Leave blank – determined by Licensing)

C. CHANGE REQUESTED & DOCUMENTS REQUIRED:

Mark all that apply, and include all required documents listed under the change you are requesting.

1. ☐ Change of Director

_____ A completed CBS/MIS Consent & Release of Liability form for the new director unless the Bureau has already completed a background clearance for the new director within the past six months.

_____ Copy of director qualifications credentials. You must provide documentation of the director's credentials as outlined in the child care rules given to you by the Bureau.

2. ☐ Change of Facility Name

Previous facility name: _____

New facility name: _____

_____ \$25.00 fee, if the provider has had more than two changes during their current licensing year.

3. ☐ **Increase or Decrease in Your Licensed Capacity**

_____ Requested **INCREASE** in capacity by: _____ Requested new total capacity: _____

Approved increase: _____ (Leave blank – determined by Licensing)

_____ Requested increase in capacity for children under age two: _____

Approved increase: _____ (Leave blank – determined by Licensing)

_____ \$1.50 per child fee for a requested increase in capacity, if an increase is being requested

_____ A copy or diagram of the center's floor plan.

_____ Requested **DECREASE** in capacity by: _____ Requested new total capacity: _____

_____ \$25.00 fee, only if the provider has had more than two changes during their current licensing year.

4. ☐ **Deemed Status (for nationally accredited programs)**

_____ Request for Initiation of Deemed Status.

Date of scheduled exit interview with accrediting agency: ____/____/____

(Your Licensing Specialist will attend this interview.)

_____ Copies of inspection reports and recommendations, and progress reports for all corrective actions underway or completed in response to the accrediting agency's or the Department's recommendations.

_____ Request for Continuation of Deemed Status. (Include copy of your current accreditation certificate).

Date of last accreditation: ____/____/____

_____ Relinquishment of Deemed Status. Date relinquished: ____/____/____

5. ☐ **Addition or Removal of an Owner, Officer, or Board Member**

Current Owner/Officer's Name: _____ Phone #: (____) _____

New Owner/Officer's Name: _____ Phone #: (____) _____

Full Address: _____

Name of Owner/Officer to be removed from your License: _____

_____ You must include completed CBS/MIS Consent & Release of Liability forms for each new owner/officer/board member.

_____ You must include fingerprint card(s) and \$31.00 per person fee for each new owner/officer/board member who has not continuously resided in Utah for the past 5 years. A separate check or money order is required for fingerprint fees.

Type of organization (check one box only):

1. ☐ **Individual Owner**

2. ☐ **Corporation:** On the following page, identify the corporation by name, address, and phone number. Identify all owner(s), officer(s), board member(s), etc. by name and title. Include addresses and phone numbers for each individual. (Attach additional pages if needed).

3. ☐ **Partnership:** On the following page, identify each partner by name and include addresses and phone numbers for each individual. (Attach additional pages if needed).

4. ☐ **Limited Liability Company:** On the following page, identify each partner by name and include addresses and phone numbers for each individual. (Attach additional pages if needed).

5. ☐ **Other:**

Attach a page describing the ownership arrangement. Identify all owner(s), officer(s), board member(s), etc. by name and title.

List the names, addresses, and telephone number of each addition owner or officer, and each member of the governing board. An owner is anyone who has a 25% or greater interest in the facility.

Name: _____ **Check one:** ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____ **Check one:** ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____ **Check one:** ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____ **Check one:** ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____ **Check one:** ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____ **Check one:** ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____ **Check one:** ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Copy and use additional pages if necessary.

D. CERTIFICATION OF UNDERSTANDING:

I understand that this document serves as the formal request upon which a licensing decision will be based.

I agree, for the purpose of determining compliance with child care licensing rules established by the Department of Health and Utah State licensing laws, to allow authorized Department of Health representatives with proper identification to:

1. Enter and inspect the facility, property and premises without a warrant at any time the center is open for care.
2. Review facility documents.
3. Interview caregivers, children, employees, household members and others as necessary.

I agree to read and follow the child care rules and laws established by the State of Utah.

I authorize investigation of all statements contained herein and understand that misrepresentation or omission of facts may result in denial of my application.

I do hereby state that, based on my best information and belief, no employee, volunteer, owner, or member of a governing body of this facility has ever been convicted of a felony or a misdemeanor, had a supported finding of child abuse or neglect from the Department of Human Services, or had a substantiated finding from a juvenile court of severe abuse or neglect of a child.

I do hereby state that the information provided on this application is true and correct to the best of my knowledge.

Signature of Applicant

_____/_____/_____
Date

Mail completed application, fees, and all required application documents to:

**Bureau of Child Care Licensing, Central Region
P.O. Box 142007
Salt Lake City, UT 84114-2007**

Location Address:
(Do **NOT** mail items to this address.)
3760 South Highland Drive, Room 403
Salt Lake City, Utah

(801) 273-6617, Toll Free: 1-800-287-3704, Fax: (801) 273-4145